

REAL CHOICE FOR NEBRASKANS

IMPLEMENTATION PLAN

The Goals

Through the award of a three year federal grant, Nebraska is one of thirty seven states provided with funding from the Centers for Medicare and Medicaid Services to undertake systems changes to improve services to diverse populations with disabilities by increasing consumer choice and decision-making in attaining and managing community-based services to meet needs related to 1) behavioral health (mental health/substance abuse), 2) developmental disabilities, 3) physical disabilities, 4) medically complex conditions, and 5) aging. The implementation plan is structured to address the five overarching goals of the grant:

1. Develop and implement a culturally-competent, consumer-directed model of services coordination and services delivery that is consistent across all targeted populations
2. Improve consumer access to, and information about, supports and services
3. Develop a system which allows consumers from various disability systems to access and receive needed services
4. Implement a quality management system that ensures the health and well-being of consumers through continuous consumer-directed monitoring and improvement
5. Make available to consumers and agencies a comprehensive, statewide resource database of health and human services

Design of the Plan

The goals of the grant were translated into a design for an implementation plan during a two-day facilitated Consumer-Directed Services meeting that was held April 1-2, 2002, in Lincoln. Participants representing various consumer populations, advocates, providers, and public agencies from across Nebraska arrived at a consensus blueprint for various implementation strategies.

Oversight of the Plan

Moving from planning to action will be accomplished with direction and guidance from a Consumer Task Force and a Steering Committee with representation from consumers, providers, advocates, and state agencies and grant subcontractors. Becky Veak, Project Director, will assume responsibility for oversight of project activities and compliance with grant requirements. As the grantee agency, the Nebraska Department of Health and Human Services is the entity responsible for carrying out and sustaining project initiatives. Two contractors, the University of Nebraska Medical Center Munroe-Meyer Institute (MMI) and the University of Nebraska Public Policy Center (PPC), will assume responsibility for specific activities.

Unique Aspects of the Project Design and Implementation Plan

It is important to note that although 36 other states have received Real Choice grants and are tackling some of the same issues, no other state has developed as comprehensive and ambitious a plan as Nebraska. Nebraska's outcomes will be of interest to the other states and to federal agencies because the plan encompasses all services to all populations with disabilities across the life span and across the breadth of the state. While other states' grants are focusing on narrower populations, more limited areas of service provision, or more targeted geographic areas, Nebraska's plan provides the opportunity for statewide system change. It shifts decision-making

to the consumer, provides enhanced resources to inform consumers of their choices and available services, improves access to services, establishes a framework for consistency of services across populations, and facilitates increased autonomy and independence of consumers.

The Plan

The work plan considers key elements or hallmarks; changes needed, and steps to achievement for each goal. There are some ideas related to work mode that overlap several goals:

- Use of work groups to carry out specific tasks will be necessary. Those work groups may include individuals with specialized knowledge, but all work groups should include representation from affected populations, especially consumers.
- Strong consideration should be given to identifying geographic areas that could be used to pilot changes that will be introduced. Each pilot should be designed to include an evaluation component to allow opportunity for identifying aspects of the model that are effective or ineffective, to spot barriers to implementation, and to determine replicability. Geographic areas recommended for pilots include the Winnebago community, Omaha, and the 21-county Central Service Area.

Goal 1: Develop and implement a culturally-competent consumer-directed model of services coordination and services delivery that is consistent across all targeted populations.

1.1. Key elements. Achievement of Goal 1 will result in a system with the following hallmarks:

- There is maximum autonomy for consumers in making decisions, coordinating and managing their services.
- Consumers determine their own individualized goals and outcomes.
- Consumers have access to service coordination from service coordinators who are trained and knowledgeable about the complete array of services available to individuals with disabilities in Nebraska.
- Consumers, service coordinators, public agency representatives, and service providers endorse a shared philosophy for access to and delivery of services that places the highest priority on principles that respect, encourage and facilitate the role of the consumer as the ultimate authority on his/her own needs and preferences and as the decision-maker for acceptance/rejection of specific services and providers.
- Consumers receive assistance in planning for their needs from a system that has developed the attributes of cultural competence.
- Service coordinators, providers, and public agency staff work from a set of values regarding consumer choice that are held in common across all programs and service systems and use language and measures that are consistent across all systems.
- Individual consumers work with service coordinators who assist them in custom design of services to meet their specific preferences, needs and circumstances. Service coordinators function in the role of consultant, broker, coach, and community liaison by providing relevant information to consumers.
- The consumer is equipped with information that provides the foundation for knowledgeable and informed planning and knows how to use that information.
- Consumers understand their role as decision-makers and have access to knowledge, information, training and other assistance necessary for the decision making process.
- Individual consumers may choose to delegate to others responsibility for decision-making as part of their overall authority to make decisions regarding their lives.

1.2. Changes needed. To achieve the hallmarks associated with Goal 1; a number of system changes will be necessary:

- Maximum autonomy for consumers would allow consumers to be the direct agents in contracting with providers. The ability to use fiscal intermediaries in this process could solve problems related to compliance with federal regulations.
- The current system forces decisions regarding service planning and service delivery that are driven by determination of the consumer's fit with a single type of disability. The focus is on differences between types of disabilities. Real Choice will require a change in that framework to fit with the principle that services be custom designed to fit individual needs regardless of type of disability. The new focus will be on commonality of human needs across the life span, across types of disability, and across specific programs with an emphasis on individual choice.
- Cultural issues are important to consumers in making decision about services. Service coordinators will need additional training to identify situations in which there is probability that cultural issues will need to be addressed.
- There is no common or shared philosophy among service coordinators across programs regarding the role of consumer choice in planning and decision-making. Philosophy most typically is determined by a combination of agency direction and personal discretion. Real choice will establish a consistent cross-program/cross-agency philosophy that places consumer choice and direction at the forefront.
- Service coordinators currently are specialists, knowledgeable about a range of services and programs narrowly focused on a specific target population. Real Choice will require a broader base of knowledge, information and skills held in common by service coordinators regardless of the specific program with which they are associated.
- Training for service coordinators is fragmented with training options and content dependent on the program that employs them. Real Choice will depend on service coordinators trained in a consistent philosophy and set of core competencies.
- Although many consumers have a clear vision of a system that recognizes and honors their expertise regarding their specific needs and the resources in their communities that can meet those needs, some have not had an opportunity to explore their potential for decision-making and believe they have no choice except depending on the decisions of others. Real choice will provide opportunities for consumers to learn and receive training about the options available to them, determine the degree of decision-making with which they are comfortable, and develop the skills necessary to exercise those options.
- There is no consistency across providers regarding the principle of consumer-directed services. Some providers currently embrace those principles while others regard medical or agency professionals who make referrals as their primary consumers. Real choice will shift power to the consumer and providers will need information regarding that shift.

1.3. Steps to goal achievement. Each change that is outlined will require a systematic action approach for achieving the targeted goal.

- A shared, consistent philosophy regarding the role of consumers in service planning and decision-making will be articulated and endorsed by all agencies and programs that are engaged in developing, arranging or delivering services to individuals with disabilities.

- A formal system for consumer input will be created that provides consumers with multiple opportunities to contribute input and develop skills.
- A comprehensive strategy for assisting consumers to assume the rights and responsibilities of their new role as decision-makers will be developed and implemented. That strategy will include training and skill development.
- Consumers will be involved in conveying and interpreting information to other consumers regarding consumer directed services and will be involved in developing the format and content of those messages
- The common philosophy regarding consumer directed services will provide the underpinning for training of service coordinators and agency staff.
- Research will be conducted to determine the cost of using fiscal intermediaries and subsequent decisions made on this option.
- A comprehensive mapping of service coordination resources and providers across the state and across all programs serving individuals with disabilities will be developed and the resulting information compiled into a directory that is updated at regular intervals.
- Training for all identified service coordinators will be developed with input from consumers and delivered on a statewide basis. Initial training effort will focus on the philosophical shift to consumer directed services and include training on an agreed upon range of core competencies for providing services coordination in a system where the consumer is the recognized decision-maker. Subsequent training will build on and reinforce concepts and skills presented in the initial training with awareness that training is an ongoing effort.
- Content on cultural competency will infuse all outputs, including training.
- Service coordinators, advocates, consumers, and providers will receive information regarding the entire spectrum of services for individuals with disabilities through a resource base that can be accessed via various modes including training sessions, web sites, and print information.
- In recognition of the importance of informal, as well as formal information systems, service coordinators will be offered varied opportunities for networking that include face-to-face contact at training and networking sessions, telephone connections, and electronic communication. The electronic communication will include the opportunity for electronic exchanges of questions, ideas and solutions via direct e-mail and e-mail discussion groups.
- Consideration should be given to designating some services coordination positions as enhanced services coordination positions, particularly in rural areas. Training for those positions should be sufficiently comprehensive to enable staff in those positions to assist consumers to connect to a full range of services across programs and across disability areas.

Goal 2: Improve consumer access to, and information about, supports and services

2.1. Key elements. Without access to and information about needed supports and services, the principles of consumer choice are irrelevant. The success of Real Choice requires informed consumers and the reality of choice. These hallmarks will be key indicators of achievement of Goal 2.

- An array of services is available to consumers across the state without regard to their specific disability.
- Communities are involved in identifying unmet needs for services to individuals with disabilities and are encouraged to support consumers in locating and developing resources for unmet needs.

- Access to a particular support or service is determined by the consumer's need for the support or service not the consumer's type of disability.
- There is no mystery to obtaining information regarding available supports and services and the access to those supports and services. A call to a single source or office or connection with a single web site provides the consumer with information about supports and services available and the process for obtaining access to those supports and services.
- Access to services is governed by the "no wrong door" principle.
- When consumers contact an identified source of information, there is no "runaround" or "passing the buck." The ability of the source of information to assist the consumer is the measure of success for that source.
- Consumers are provided with clear information about how to access supports and services and a "guide" is available to assist the consumer from one step to the next and to answer questions that the consumer may have about options available and decisions to be made.
- The system infrastructure encourages consumers in their efforts to obtain information and services in the community specific to their needs.
- Consumers are provided with assistance in assessing their needs and arriving at a plan for obtaining supports and services for meeting those needs.
- The pool of providers is adequate to allow for consumer choice.

2.2. Changes needed. The current system can seem like a frustrating maze to consumers and professionals who are trying to find and access services. The following changes are necessary to accomplish Goal 2:

- Within the array of supports and services currently available, some may be available only to specific populations, through certain providers, or through certain programs. Through a review of waiver services, identification of the existing barriers to obtaining access to supports and services, including eligibility criteria and other regulatory restrictions, will be a first step to removal or modification of those barriers.
- Access to services sometimes depends on whether the consumer makes the "right" call to the "right" person in the "right" program. The system must be revamped to reflect the "no wrong door" principle.
- Community-based services are typically a consumer's first choice. The unavailability of needed services in some locations is an obstacle to consumer choice. The Real Choice initiative will need to focus on communities as allies and "think tanks" for resource development.
- The pool of providers is sometimes too shallow to allow real choice. Expansion of that pool will increase choice.
- Selection of a provider may be limited to those providers with existing contracts. Consumers sometimes are aware of potential providers in their own personal networks, but cannot engage those individuals as providers because of rules or regulations. Flexibility in rules for obtaining provider status with recognition of the decision-making role of the consumer would create additional options for consumers.
- Access to obtaining supports and services may be frustrated by difficulties in the credentialing or certifying of potential providers. A simplified process for endorsing providers would increase options available to consumers.

- Information sources regarding supports and services for individuals with disabilities are fragmented and lack visibility. Consumer choice requires a highly visible single source of information and assistance, as well as service coordinators and agency staff with a cross-program knowledge base regarding services not in their specific domain to allow them to assist consumers in their quest to obtain other needed supports or services.

2.3. Steps to goal achievement. In order to achieve Goal 2, issues related both to access to services and to information about those services must be addressed.

- A plan will be developed to ensure that consumers can access needed services regardless of their initial point of contact. This plan will operationalize the “no wrong door” principle.
- A plan will be developed for identifying eligibility criteria and other regulatory barriers that interfere with access to services. Determination will be made regarding potential for increasing flexibility of eligibility criteria, as well as other regulations regarded as barriers.
- A comprehensive strategy for communicating information to the public regarding the availability of services and sources of information about those services will be developed and implemented.
- A specific plan for disseminating knowledge about availability of supports and services and the access to those services across the human service and health care disciplines, but particularly to public agency staff, will be developed and implemented.
- Explore the possibility of creating unified efforts by diverse disability groups working together under one umbrella to inform constituencies about consumer-directed services.
- A plan will be developed to simplify the process of becoming a provider (e.g. common standards, billing, rates, contracts, etc.) as part of a broader plan to increase the pool of providers.
- An agreement has been made for flexible funding options to be used between the new Respite Subsidy program and Developmental Disability funds. Existing models such as the Maternal and Child Health Communities Can model, used in Kearney, will be explored as possibilities for adaptation and replication.
- A plan will be developed to involve communities in the creative process of resource development when consumers need services unavailable in their own communities.
- Natural helpers in neighborhoods and communities will be identified and targeted with information that will enable them to serve as resources to connect consumers and potential consumers with needed resources. Natural helpers are individuals in communities who are not members of a helping profession, but who are regarded as helpers and sources of information by their friends and neighbors. These individuals may be in people-serving businesses such as child care, beauticians, barbers, etc. that regularly bring them into contact with a wide range of people and who, because of their personal qualities, are perceived to be good listeners and knowledgeable problem-solvers.
- As needs emerge, individual consumers may be unaware that there are supports and services to help them live independently or support their decisions for family-based care. A proactive plan for communicating information about the availability of supports and services must be developed to enable and encourage consumers to plan for their own needs. In addition to making information available to the general public, key helping individuals such as clergy, educators, and health care professionals need to have information available at their fingertips to pass on to those individuals and family with whom they have contact at time of crisis.

Goal 3: Develop a system which allows consumers from various disability systems to access and receive needed services

3.1. Key elements. The infrastructure for development, control and delivery of services to individuals with disabilities can expedite and facilitate access to services or, on the other hand, frustrate and impede access to services. The following are hallmarks of a system that provides for achievement of Goal 3:

- The infrastructure is organized so that consumers experience a seamless system of care
- Program boundaries are flexible and provide for sharing of resources and information across programs.
- Program managers and staff are proactive in reaching out to consumers and staff in other programs to provide information about new services or changes in existing services.
- The system is “user friendly” and allows consumers to tailor needed services to their specifications.
- There is a welcoming and receptive attitude toward consumers with all types of disabilities who express interest in receiving services.
- Rules and regulations are kept to a minimum and are compatible with consumer choice.
- There is emphasis on development of new services to maximize potential for consumer choice.

3.2. Changes needed. The current infrastructure evolved over time in response to changes in federal and state legislation, funding, and policies. The infrastructure was not designed to accommodate many of the principles of consumer choice. Real Choice will prompt an inventory of the current infrastructure to assess where the current system works effectively to facilitate consumer choice and where there may be need for system change.

- In a seamless system of care, consumers are not punished or denied services because of agency infrastructure or program boundaries. Many existing barriers that frustrate consumers are common knowledge and can be addressed through system change.
- Current rules, regulations and policies were written and approved prior to the Real Choice initiative and some may not correspond to the philosophy and principles of consumer choice. While it would be unrealistic to attempt an exhaustive review of all existing rules, regulations and policies, proposed regulations and policies will be reviewed to determine congruence with Real Choice principles. As consumers, advocates, providers and agency staff become aware of existing regulations and policies that interfere with consumer choice, those issues will be addressed.
- There is a variety of waivers that have increased flexibility of service options for consumers, but reinforce the practice of targeting services to individuals on the basis of type of disability. By combining waiver programs, the Real Choice initiative could decrease fragmentation of services. At the same time, there may be a need to explore adding waivers for increased flexibility. If additional waivers are desirable, they should be integrated into the system so that they do not increase confusion for the consumer or contribute to fragmentation of services.
- There are some very predictable consumer transition points, for example the transition of a child with developmental disabilities to young adult status, that are made more difficult by the current infrastructure. Common consumer transition points can become less traumatic and stressful for consumers through attention to barriers in the infrastructure.

- There are limited opportunities or mechanisms available for public agency staff to provide or receive information about program development or change across departmental lines. Success of the Real Choice initiative requires proactive sharing of information about services and supports across program lines, as well as willingness to open all services to consumers with all types of disability.
- While HHSS has placed increasing emphasis on involvement of consumers in advisory capacities, there has been no concerted effort to shift the agency culture to reflect the goals of consumer-directed services for individuals with disabilities. Real Choice provides the opportunity and incentive for internal education efforts to establish an agency wide environment that supports consumer choice.

3.3. Steps to goal achievement. A systems change approach will be important in addressing the infrastructure issues that need to be addressed in order to achieve Goal 3.

- Using input from consumers, providers, and agency staff, HHSS will develop a plan for surveying the existing infrastructure to identify roadblocks and obstructions to a seamless system of care and to the implementation of consumer choice.
- Identify strengths in the current system and make plans to preserve and enhance those elements of the current system that contribute to individual satisfaction and success.
- Consumer Task Force members will be involved in the various phases of planning and decision-making.
- HHSS will develop a plan and a mechanism to review proposed rules and regulations, policies and procedures, and contract language for impact on the Real Choice initiative.
- HHSS will develop a plan to target existing rules and regulations, policies and procedures, and contract language that interfere with consumer choice.
- Existing waiver programs will be examined and the possibility of standardization of waivers will be explored. When new waivers are obtained, they should be integrated into the system using “seamless system of services” principles.
- Transition points that are predictably navigated by many consumers will be identified and issues regarding access to transitional services will be addressed to reduce stress for the consumer and incorporated into core competency training.
- HHSS will develop a plan that will encourage cross-program sharing of information and create communication avenues and mechanisms for that sharing of information.
- An internal education plan for HHSS staff will be developed and implemented to explain the shift to consumer-directed services and how the change will affect service access and delivery.

Goal 4: Implement a quality management system that ensures the health and well-being of consumers through continuous consumer-directed monitoring and improvement

4.1. Key elements. The quality management system must incorporate measures that capture not only the consumer’s satisfaction with the services, but the services delivery system’s responsiveness to consumer choice and the consumer’s satisfaction with his/her involvement in the planning and decision-making process. The following hallmarks will signify accomplishment of Goal 4:

- A statewide quality management system allows consumers, advocates, providers and agency staff to track implementation of consumer choice across programs, as well as on a program-by-program basis.

- Consumers partner with agency and program staff to develop a set of quality measures.
- Ongoing consumer education provides information to consumers to assist them in making good choices and good decisions regarding quality services.
- The Consumer Task Force and Real Choice Steering Committee receive regular quality improvement reports, discuss those reports at committee meetings and use the content of the reports to target areas for needed improvement.
- Program managers receive the quality management reports, use the results in implementing continuous quality improvement in their programs, and report back to the Steering Committee on efforts and results.
- The quality management system includes the capacity to monitor critical incidents that have been determined to be indicators of consumer risk.
- A complaint and grievance process feeds information into the quality management process and summaries of that data are included in the periodic reports.
- The public has access to quality improvement reports in a format that is both accessible and clear.

4.2. Changes needed. It will be impossible to track the progress of the Real Choice initiative without a well-developed quality management system that collects data on a variety of measures, analyzes that data, reports the data for use in identifying areas of success and needed change, and initiates, then monitors action to make needed changes.

- There is currently no system-wide quality management plan in place that collects and tracks data on measures related to access and delivery of services to individuals with disabilities, analyzes that data and uses the data for quality improvement efforts. Development of a quality management system is essential to determining whether the goals of the Real Choice initiative are achieved.
- Although data is collected regarding current program operation, the data lacks relevance to Real Choice goals. Consumer input on the measures used for data collection and the relationship to consumer choice is essential.
- Current systems in place to collect data are designed to meet the needs of discrete programs and services that target specialized disability populations or geographic areas. The Real Choice initiative requires agreement on core domains and quality indicators that are relevant statewide across disability populations and across programs.
- Consumers, providers, advocacy groups, and agency staff have well-developed expertise, but most are accustomed to focusing narrowly on a specific population or program in formal and informal efforts to identify effectiveness of and satisfaction with services. Design of the Real Choice quality management system will challenge all involved to stretch beyond their own comfort zones of expertise and listen to issues of diverse geographic, cultural and disability populations as they work to develop a comprehensive consumer-oriented quality management system.
- Consumer-directed services require acceptance of a level of risk for consumers: the risk of making bad decisions. The quality management system must be capable of collecting data and reporting on critical incidents that could be considered as reasonable indicators of consumer risk. Through collection and analysis of critical indicator data, questions regarding the degree and incidence of consumer risk can be answered.

4.3. Steps to goal achievement. The following actions will lead to development and implementation of a Real Choice quality management system.

- The Consumer Task Force and the Steering Committee will provide leadership in the process of developing necessary buy-in for a Real Choice quality management system. The development of a single quality management system will require facilitated give-and-take efforts to reach consensus across programs and across disability constituencies.
- Quality measures and indicators will be developed that reflect the issues and needs of diverse geographic areas, cultural groups and disability populations.
- Community level consumer focus groups will provide useful input into development of measures for the system.
- A new position will be explored with responsibilities that include working proactively with consumers in a liaison, mediator, and advocate role with an emphasis on problem solving. This position would not be a HHS position.
- Parameters for acceptable consumer risk will be established with consumer input and with the understanding that choice does require the freedom to make mistakes and that all decision-making is associated with some level of risk. It is also understood that the nature of risk will vary depending on individual consumer characteristics. Models of risk determination and management from other systems will be examined. For example consumer product safety models minimize consumer risk by keeping dangerous products off the market, educating consumers about product risk and ordering recalls on products found dangerous after their sale. While such efforts in no way guarantee consumer safety, they do focus attention on consumer risk.
- The quality management system will use the parameters established for consumer risk to develop a plan for collecting and analyzing data on critical incidents with that data used to track events that are indicative of risk.
- Educational formats and modules will be developed to provide reliable information to consumers regarding the selection of quality service providers and ongoing consumer evaluation of services and providers. The information will be made available in a variety of formats.
- A system-wide complaint and grievance process will be developed and information about how to make a complaint will be widely publicized. The first step in responding to a complaint or grievance will be initiation of mediation as a problem-solving response. (I.e. Providers and agency staff will be required to review the mediation, complaints, and grievance process with consumers. Data on mediation, complaints, and grievances will be collected and analyzed as part of the quality management process.) A process for a timely response to mediation requests, complaints, and grievances will also be developed.
- The network of natural helpers will be included in the quality management feedback loop, both to determine effectiveness of the network and to elicit natural helpers' comments on operation of the system.

Goal 5: Make available a comprehensive, statewide resource database of health and human services

5.1. Key elements. A single, comprehensive system for collecting and disseminating information on services is a necessary resource for consumers attempting to make informed decisions and professionals working to link consumers to services. Hallmarks of a resource database on health and human services that further the goals of the Real Choice initiative are as follows:

- A web-based services resource database provides basic information on an array of services available in communities across the state to individuals with disabilities.
- There is high public awareness of the database as a resource and individuals seeking information regarding services routinely turn to the database for assistance and are satisfied with the design and the content of the web site.
- Consumers and professionals can depend on the information in the database as up-to-date and reliable.
- The database is not only a source of information to consumers and professionals, but also is mined as a resource to identify gaps in services.
- Consumers and professionals regularly provide feedback that enables improvement and expansion of information and design.

5.2. Changes needed. Consumers and professionals need a well-organized, accurate resource for obtaining information about services of all types in every part of the state to meet the needs of individuals throughout the lifespan who have diverse disabilities.

- The Nebraska Resource Referral System (NRRS) provides a basic structure for a database that will meet the demands of the Real Choice initiative, but as it currently operates it is not adequate as a comprehensive single source of statewide information about services for individuals with disabilities. The NRRS can be used as a starting point for development of a single informational resource.
- Information available through NRRS is uneven across types of disabilities. A thorough assessment of the strengths and weaknesses of NRRS in respect to the demands of the Real Choice initiative would be a first step toward improving and expanding NRRS as a resource.
- Design of the system is as important to consumer use as content. An analysis of the design needs of the system with involvement of consumers and other potential users at every stage of development will be essential to quality of the final product.
- Information about available resources is critical to success of real choice, but “available” is a critical term. In some geographic areas services simply are not available to meet all identified needs. In addition to providing information to consumers, the database can be turned into a dynamic resource for tracking existing and emerging unmet needs and gaps in services.
- Even the best resource is useless if it is unknown to potential users. A public information campaign that is both broad and targeted can turn the web site that serves as a database into a well-known and familiar resource.

5.3. Steps to goal achievement. The following steps will result in development of a single comprehensive statewide resource database for health and human services:

- A statewide data team consisting of the major Information and Referral agencies across the state will be established to discuss establishing statewide standards, protocols, inclusion/exclusion criteria, and sharing data as part of a statewide resource database.
- An assessment of the strengths and weaknesses of NRRS in respect to the requirements of the Real Choice initiative will be completed and the analysis used to plan for expansion and enhancement of the resource.
- Consumers and other potential users will be surveyed to determine the type of information that is important to them in their access to the database. That information will be used in the design of the database.

- A plan will be developed and implemented for an organized effort to work with consumers and other potential users to develop and test design of the online database through all stages of development.
- A plan will be developed and implemented to collect the information that is necessary for inclusion in the database and to keep that information updated on a continual basis.
- The design of the system will be designed with awareness of the needs of specific disability populations, for example individuals with developmental disabilities and will be sensitive to cultural preferences. Information available on the database will be ongoing, redundant, and multi-modal.
- The database will include information on consumer rights, including information to assist individuals wanting to make changes in guardianships or conservatorships, as well as information on the mediation, complaint, and grievance processes.
- The database will include information that will be helpful to consumers and others with questions regarding financial criteria for services.
- The database will meet new HIPPA requirements for privacy and security of information, if required.
- A public information plan for dissemination of information about the database will be developed and implemented. The public information initiative will be targeted broadly to the general public and more narrowly to populations of consumers and professionals who are known to have a need for the information.
- Quality improvement measures related to the database will be included in the Real Choice quality management plan and will include measures regarding usefulness of content, accuracy of content, ease of use of the database, and the success of public information efforts.
- Development of design of the database system will include mechanisms for collecting data about services desired, but not available.

Summary and Conclusions

Of necessity this plan separates the Real Choice initiative into discrete steps that together will lead to achievement of the goals of the plan. Without the “tasking out” of the work needed to accomplish the goals, the work simply would not be done. However, the risk of breaking a comprehensive initiative into smaller steps is that the focus will be shifted with the possibility that the “big picture” will be chopped into too many pieces and the vision lost. It will be important to remember that this project deals with the entire forest, not just the individual trees.